

## Quality Check Summary

Service name: Bupa Dental Care, Ewloe  
Unit

Activity date: 9 September 2021

Publication date: 14 October 2021



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Bupa Dental Care, Ewloe Unit, as part of its programme of assurance work. The practice offers a range of NHS and private treatments and has four dentists and two dental therapist<sup>1</sup>/hygienists. The practice forms part of the dental services provided within the area serviced by Betsi Cadwaladr University Health Board.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Private Dentistry (Wales) Regulations 2017. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID-19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the registered manager<sup>2</sup> and lead dental nurse on 9 September 2021, who provided us with information and evidence about their service. We used the following key lines of enquiry:

- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How has the practice and the services it provides adapted during this period of COVID-19?
- How do you ensure that equality and a rights based approach are embedded across the service?

---

<sup>1</sup> "Dental Therapist" means a person qualified to treat both adults and children providing periodontal and restorative work and some minor oral surgery procedures on children under the referral of a dentist.

<sup>2</sup> "Registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

## Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental risk assessments / audits
- Fire safety policies/procedures, including fire safety risk assessment(if applicable)

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

### **The following positive evidence was received:**

The registered manager provided details of the changes that had been made to the practice environment that allowed patients to be seen during the COVID-19 pandemic. In order to protect patients and staff we were informed that the front door of the practice was locked, ensuring only those individuals with pre-booked appointments could enter the practice. Notices had been placed on the door and outside the practice to advise patients how to book an appointment.

We were informed that clear, plastic screens had been installed at reception to protect the staff and stickers were placed in prominent positions to remind patients to maintain social distancing. Unnecessary toys and magazines had been removed from the waiting area and fewer chairs were available and spaced out to ensure social distancing. The registered manager informed us that chairs in the waiting area were wiped down after every use and that patients were escorted through the practice when they attended.

We asked what measures were in place to keep patients informed about safety procedures relating to COVID-19. We were told that patients were telephoned prior to their appointment to explain COVID-19 safety procedures and information was available on an advertising board outside the practice.

When asked about the facilities to ensure accessibility to the practice for those with disabilities. The registered manager informed us that the practice had undertaken a disability risk assessment to ensure the practice was as accessible as possible to all. The registered manager informed us that the practice had a hearing loop<sup>3</sup> for those hard of hearing and ramps, to enable those with accessibility difficulties, to access the practice. Two surgeries were located downstairs and all doors were disability friendly. Disabled parking was available

---

<sup>3</sup> A hearing loop (sometimes called an audio induction loop) is a special type of sound system for use by people with hearing aids.

---

in the practice car park and the practice had a disabled toilet. Staff had also undergone mandatory training in equality and diversity and the practice had an equality and diversity policy in place which was reviewed annually.

We saw evidence of a practice cleaning policy and surgery cleaning schedules that took into account increased measures for COVID-19. There was also an up-to-date practice risk assessment, fire risk assessment and completed fire action plan that demonstrated a safe practice environment. These documents listed various risks, control measures and precautions that were in place to mitigate the highlighted risks. The registered manager confirmed that all required actions had been completed to address the issues identified in the risk assessments.

**No areas for improvements were identified.**

## Infection prevention and control (IPC)

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- A copy of the most recent WHTM01-05 decontamination audit and the action plan to address any areas for improvement.
- Generic infection control policies and Covid-19 specific policies
- Most recent infection control risk assessments / audits
- Cleaning schedules

**The following positive evidence was received:**

The registered manager confirmed the processes in place to protect patients and staff when an aerosol generating procedure (AGP)<sup>4</sup> was taking place. This process followed the most recent Standard Operating Procedure (SOP) issued by the Chief Dental Officer (CDO) for Wales. All staff were kept informed of the SOP and associated guidance issued by the CDO via internal staff email and the company intranet. The lead nurse also informed us that a hard copy was available at the practice for staff to read.

The registered manager also informed us that fixed air filtration units and air purifiers had been installed into the surgeries which enabled the practice to operate with the minimum

---

<sup>4</sup> An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

---

fallow time<sup>5</sup> of 10 minutes following an AGP. We saw evidence of an up to date COVID-19 policy that was version controlled, dated and in line with up-to-date guidance.

We confirmed with the registered manager the process to check that patients attending the practice were not displaying symptoms of COVID-19. We were also informed that patients would be telephoned before their appointment and asked a series of screening questions. Patients would then be re-screened on attendance at the practice and would be offered a face mask and hand gel at a sanitisation station set up in the reception area. Should a patient attend displaying symptoms of COVID-19, the registered manager confirmed that staff would ask the patient to re-book and they would provide advice should the patient be in pain.

We were told that staff were up-to-date with training in the use of enhanced personal protective equipment (PPE), including the correct method of donning and doffing<sup>6</sup>. This was achieved through a blended learning approach using online training available on the dedicated Bupa training platform and via in-house practical sessions. Visual reminders such as posters reminding staff of the correct use of PPE were also displayed in prominent areas within donning and doffing areas. The registered manager informed us that staff wore the correct PPE including FFP3<sup>7</sup> masks, gowns, aprons and visors when treating patients.

During an AGP procedure, the lead nurse and registered manager confirmed that a rubber dam<sup>8</sup> would be used where possible to lessen the risk of airborne particles (aerosols)<sup>9</sup> alongside high volume suction<sup>10</sup>.

When asked about the arrangements for sourcing PPE, the registered manager informed us that responsibility for checking stock was delegated to a dedicated member of staff who would check stock on a daily basis. The registered manager informed us that the practice had experienced difficulties in sourcing enough PPE at the start of the pandemic. However support from the local health board and the company head office ensured stocks did not run low.

The registered manager confirmed that the lead nurse for the practice was also the IPC lead, responsible for ensuring that regular audits were completed, and IPC requirements were being adhered to by staff.

---

<sup>5</sup> Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place which allows any droplets to settle before cleaning and decontamination takes place

<sup>6</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

<sup>7</sup> The need for FFP3 Mask (oral nasal disposable mask respiratory protection) to be worn is identified through clinical risk assessment. The mask is used to protect against respiratory borne pathogens. To use these masks, relevant staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

<sup>8</sup> A rubber dam or dental dam is a thin sheet of latex or latex-free material. It is used to isolate teeth from the rest of the mouth during a dental procedure to improve the success of tooth repairs.

<sup>9</sup> Dental aerosols can carry viruses and transmit infection.

<sup>10</sup> A High Volume Evacuator (HVE) is a suction device that draws a large volume of air over a period of time.

---

We saw evidence of recently completed and compliant infection control audits, daily checklists for decontamination and sterilisation equipment and cleaning schedules covering the previous two weeks.

**No areas for improvements were identified.**

## Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- Informed consent policies / procedures
- Escalation policies
- Business continuity plans
- Mandatory training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety

**The following positive evidence was received:**

We were informed by the registered manager that the practice closed to patients at the beginning of the pandemic. However, the practice continued to provide support and advice via telephone and video call. Patients requiring an appointment were signposted to a nearby surgery until the practice reopened in July 2020. Once the practice reopened, the registered manager informed us that a rota system was operational. This ensured that the number of staff working within the practice was kept to a minimum, whilst still providing a safe and effective service for patients.

The registered manager spoke highly of the staff, informing us that all staff adapted well, despite the challenges created by the pandemic. We were informed that Bupa had a dedicated support and mental health helpline that staff could access via telephone, as well as a medical advice line for staff that required it. We were told that regular staff meetings were held to provide updates to guidance as necessary and information was available for staff on the company intranet and sent to them via email.

The registered manager informed us that the practice used locum staff from a local dental agency when they were short staffed. We were informed that agency staff were fully aware of the latest SOP and had been fully vetted by their employing agency.

We asked the registered manager and lead nurse to describe the processes and procedures

---

that ensure emergency drugs and equipment were present and in date. We were told that the emergency drugs were checked on a daily basis by staff and that the lead nurse would oversee these checks. Temperature checks on the refrigerator that held the emergency glucagon<sup>11</sup> injection were undertaken twice daily, to ensure it was stored within the required temperature range.

We were informed that the practice had a robust audit process in place and we were provided with examples covering radiography and record keeping. The registered manager informed us that audit processes had continued throughout the pandemic with outcomes discussed with staff on a one to one basis and shared during team meetings. These audits were regularly repeated to ensure improvements were maintained.

We were provided with an up-to-date statement of purpose<sup>12</sup> which contained relevant information about the services offered by the practice. In addition, we were provided with a sample of policies and procedures which were all up-to-date, version controlled and signed.

The practice provided a comprehensive and completed record of mandatory training that demonstrated that all staff were up-to-date and fully compliant with mandatory training requirements including Basic Life Support, IPC and Medical Emergencies.

**The following areas for improvement were identified:**

The practice provided us with a copy of the patient information leaflet<sup>13</sup> as required under the Private Dentistry (Wales) Regulations 2017. However, the leaflet provided did not contain the necessary information as set out in the regulations. This included the lack of details of the dentist's names, qualifications and experience, and how to make a complaint. As a result, patients would not have been provided with full information prior to commencing treatment at the practice.

The practice must provide a comprehensive patient information leaflet as described by the Private Dentistry (Wales) Regulations 2017.

We asked the registered manager to describe the facilities available to support patients who wished to communicate through the medium of Welsh. Although the practice had access to a translation service via the local health board, they did not have any information on display to make patients aware that communication through the medium of Welsh could be facilitated.

---

<sup>11</sup> "Glucagon" is an emergency drug administered via intramuscular injection in the event of diabetic hypoglycaemia.

<sup>12</sup> The statement of purpose is the information required in accordance with Schedule 1 to the Private Dentistry (Wales) Regulations. This includes the practice aims and objectives and the names and qualifications of the dentists and dental staff. Additionally it should list the kinds of treatment, facilities and all other services provided in or for the purposes of the private dental practice, including details of the range of needs which those services are intended to meet.

<sup>13</sup> The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations. The information included a summary of the statement of purpose, arrangements seeking patients' views, access to the premises and keeping appointments.



---

Under the Welsh Language Standards (No.7) Regulations 2018<sup>14</sup> any practice offering treatment under the NHS must ensure that those seeking to communicate via the medium of Welsh are encouraged to do so.

The practice must ensure that information is clearly available to ensure patients are aware that they can communicate through the medium of Welsh.

The registered manager confirmed that the practice's responsible individual<sup>15</sup> had not completed their visit or annual report and at the time of the quality check no plans had been made for this to be completed. This visit relates to Regulation 23 of The Private Dentistry (Wales) Regulations 2017, to assess the quality of service being provided against regulations and relevant standards. Following the completion of the report, it must subsequently be submitted to the registered manager and HIW.

The practice must ensure the responsible individual completes their annual visit under Regulation 23 of The Private Dentistry (Wales) Regulations 2017 and ensure the report is submitted to the registered manager and HIW.

---

---

<sup>14</sup> The "Welsh Language Standards (No.7) Regulations 2018 aim to ensure that any governmental service or healthcare service offering NHS treatment must ensure that those seeking to communicate in through the medium of Welsh are able to do so without detriment.

<sup>15</sup> "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

# What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

# Improvement plan

Setting: Bupa Dental Care, Ewloe

Date of activity: 9 September 2021

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The practice must provide a comprehensive patient information leaflet as described by the Private Dentistry (Wales) Regulations 2017.	The Private Dentistry (Wales) Regulations 2017 Schedule 1	The practice is currently compiling a patient information leaflet to include comprehensive information regarding the practice, staff and the services it provides.	Clair Neale	30.11.21
2	The practice must ensure that information is clearly available to ensure patients are aware that they can communicate through the medium of Welsh.	Welsh Language Standards (No.7) 2018 Health and Care Standards 3.1 Safe and	The practice has produced a temporary information poster to inform patients to ask a member of staff if they would like any of our paperwork in the medium of Welsh or would prefer to converse in Welsh. Our marketing team are in	Clair Neale	30.11.21

		Clinically Effective Care	the process of producing a Bupa branded poster with this information.		
3	The practice must ensure the practice's responsible individual completes their annual visit under regulation 23 within The Private Dentistry (Wales) Regulations 2017 and must ensure the report is submitted to the registered manager and HIW.	The Private Dentistry (Wales) 2017 Section 23	Effective systems are being implemented for the visits to be completed annually by the Bupa Dental Care Clinical Governance team. The report will be in place for review for the required deadline.	Leanne Kerrigan Clinical Governance Team	9.12.21

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name:  
CLAIR  
NEALE

Date:  
28.9.21